



# SEVERE ACUTE RESPIRATORY SYNDROME

## **GUIDELINES AND RECOMMENDATIONS**

### **Interim Guidance for Institutions or Organizations Hosting Persons Arriving in the United States from Areas with Severe Acute Respiratory Syndrome (SARS)**

To date, most reported cases of Severe Acute Respiratory Syndrome (SARS) ([www.cdc.gov/ncidod/sars/factsheet.htm](http://www.cdc.gov/ncidod/sars/factsheet.htm)) in the United States have been acquired during international travel to countries where SARS is being transmitted in the community. (These areas are described at the case definition page [[www.cdc.gov/ncidod/sars/casedefinition.htm](http://www.cdc.gov/ncidod/sars/casedefinition.htm)]). In this country, only a small number of suspected or probable cases of SARS have been detected among exposed health-care personnel and household contacts of SARS patients. Casual contact with SARS patients at schools, other institutions, or public gatherings (e.g., attending the same class or meeting) has not resulted in documented transmission in the United States.

Thousands of people arrive in the United States from areas where SARS outbreaks are occurring to participate in gatherings such as academic courses, business meetings, or sporting events. Guidance is needed to provide a consistent, rational approach to SARS prevention without unnecessarily stigmatizing these groups or interfering with collegial pursuits, commerce, and other important activities.

**At this time, CDC does not recommend canceling or postponing classes, meetings or other gatherings that will include persons traveling to the United States from areas with SARS.** CDC is working closely with WHO and other partners as part of a global collaboration to address the SARS outbreak. The following comprehensive activities are taking place to prevent importation and spread of SARS from inbound passengers:

- Stringent outbreak control measures, including isolation of SARS patients and quarantine of their exposed contacts, in countries with SARS;
- Pre-embarkation screening of persons traveling from areas with SARS to defer travel for those with symptoms or signs of SARS or exposure to known SARS patients in the past 10 days;
- Assessment by health authorities of ill persons aboard arriving flights from an area with SARS to ensure that ill passengers are isolated and evaluated promptly upon arrival and that appropriate follow-up of other passengers occurs, as necessary;
- Distribution of health alert notices ([www.cdc.gov/ncidod/sars/travel\\_alert.htm](http://www.cdc.gov/ncidod/sars/travel_alert.htm)) to travelers arriving in the United States from areas with SARS to notify them of the importance of monitoring their health closely for a period of 10 days following departure, and for persons who develop fever or respiratory symptoms, the need to promptly seek medical evaluation; and
- Rapid detection and isolation of persons in the United States who have traveled from an area with SARS and have symptoms compatible with early suspected SARS within 10 days of arrival.

**At this time, CDC does not recommend quarantine of persons arriving from areas with SARS.**

The following are interim recommendations to assist persons who are organizing gatherings of students and other persons traveling to the United States from areas with SARS, including gatherings in academic settings, business meetings, or sporting events, etc. These recommendations are based on the experience in the United States to date and may be revised as more information about the SARS situation in the United States and globally becomes available.

## **Interim Guidance for Institutions or Organizations Hosting Persons Arriving in the United States from Areas with Severe Acute Respiratory Syndrome (SARS)**

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If organization representatives become aware of a person from an area with SARS who develops fever or respiratory symptoms, the following steps should be taken:

1. Exclude the ill person from activities (e.g., classes, meetings, and other public areas) and locate him/her in a separate area to minimize contact with other people while awaiting further medical evaluation.
2. Alert appropriate health-care personnel that an individual from an area with SARS requires evaluation, so that advance preparations can be made to implement infection control procedures to prevent transmission to others during transport and in the health-care setting.
3. Remind the treating health-care provider to notify the appropriate state or local health officials ([www.cdc.gov/states.htm](http://www.cdc.gov/states.htm)) if SARS is suspected. Further information for health-care providers about the management of persons with suspected SARS is available at [www.cdc.gov/ncidod/sars/exposuremanagement.htm](http://www.cdc.gov/ncidod/sars/exposuremanagement.htm).

Organizations that would like to take additional steps should consider the following actions:

1. Send basic information about SARS ([www.cdc.gov/ncidod/sars/basics.htm](http://www.cdc.gov/ncidod/sars/basics.htm)), including information in the health alert notice and a reminder about the importance of hand hygiene, to the participants before departure (by email, for example).
2. Notify the participants (prior to departure) that persons traveling from areas with SARS with fever or respiratory symptoms or exposure to SARS patients within 10 days prior to scheduled departure should not travel and should seek medical evaluation.
3. Contact state or local public health officials ([www.cdc.gov/states.htm](http://www.cdc.gov/states.htm)) before the event, and collaborate to ensure that appropriate public health guidelines are followed.
4. Include basic information about SARS ([www.cdc.gov/ncidod/sars/basics.htm](http://www.cdc.gov/ncidod/sars/basics.htm)), including the information in the health alert notice and a reminder about the importance of hand hygiene, in the orientation or meeting registration packet.
5. Give participants tools for self-monitoring, which may include a complimentary thermometer, a temperature log, and contact information, as well as alcohol-based hand rubs for hand hygiene.
6. Work with state or local public health officials to identify an emergency room or other health-care facility where an ill visitor may be evaluated and where recommended infection control measures ([www.cdc.gov/ncidod/sars/exposureguidance.htm](http://www.cdc.gov/ncidod/sars/exposureguidance.htm)) can be followed, and/or arrange for health-care providers to be available on site.
7. Establish a health information hotline or website.
8. Screen participants to identify those at high risk for SARS; sample questions that may be useful include:
  - In the past 10 days, have you been in an area with SARS ([www.cdc.gov/ncidod/sars/travel.htm](http://www.cdc.gov/ncidod/sars/travel.htm))?
  - If so, do you have any of the following symptoms: fever, cough, difficulty breathing, or shortness of breath?
  - In the past 10 days, have you had close contact with any person who has been diagnosed with SARS? (Close contact is defined as caring for or living with someone with SARS, or having direct contact with infectious material such as respiratory secretions from a person who has SARS.)
9. Work with local and state public health officials to determine where patients with SARS (who do not medically require hospitalization) will be housed until their symptoms resolve. (Persons should be hospitalized unless they can be housed in a designated residential facility for isolation of convalescing cases where recommended infection control measures ([www.cdc.gov/ncidod/sars/exposureguidance.htm](http://www.cdc.gov/ncidod/sars/exposureguidance.htm)) can be followed.)

For more information, visit [www.cdc.gov/ncidod/sars](http://www.cdc.gov/ncidod/sars) or call the CDC public response hotline at (888) 246-2675 (English), (888) 246-2857 (Español), or (866) 874-2646 (TTY)

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